State of California Department of Consumer Affairs

COMMIITTEE ON DENTAL AUXILIARIES
The Dental Board of California
1428 HOWE AVENUE, SUITE 58, SACRAMENTO, CA 95825
TELEPHONE (916) 263-2595 FAX (916) 263-2709
www.comda.ca.gov

Application for Registered Dental Hygienist Examination and Licensure

(for 3rd and 4th year California Dental Students ONLY)

First-Time Applicants

☐ Fee $495 – application and examination

Previously-Qualified Applicants Only

☐ Fee $475 - Re-examination

ALL APPLICANTS – Write in month and check which exam location you are applying for:

_____ ☐ San Francisco
Month ☐ Los Angeles

FOR OFFICE USE ONLY

Rec. #_____File #_____QM_____

Sign: _____ Seal: _____Dean: _____ Pic: _____

School:_____ 3rd: _____ 4th: _____ SS: _____

O/S: _____ _____ _____ _____ _____ _____ _____

STC: _____ LA: _____ NO: _____ Xray:_____ NB:_____

Spec Accom: _____

Clearance received: DOJ:_____ FBI: _____

Type or Print the following neatly - Answer ALL Questions

1. ***SOCIAL SECURITY # _____-_____-_____ BIRTHDATE _____/ _____/ _____**
Month Day Year

2. **LAST NAME** _____

3. **FIRST NAME** _____ **MIDDLE NAME** _____

4. **ADDRESS** _____**Apt. or Unit#**:_____

5. **CITY** _____ **STATE**_____ **ZIP** _____

6. **TELEPHONE NUMBERS**: Home (_____)_____-_____ Work (_____)_____-_____

7. **RE-APPLICATION**. I last took the examination on :_____
Month/Year

Name at time of previous application_____
(if not same as above) Last Name First Name Middle Name

8. The following MUST BE COMPLETED BY THE DENTAL SCHOOL DEAN, OR HIS OR HER DESIGNEE:

I HEREBY DECLARE under penalty of perjury under the laws of the State of California that

_____ is a ☐ **3rd year** ☐ **4th year**
(name of applicant)

dental school student in GOOD STANDING in the below-named named California dental school on the

_____day of _____20 06 .

Stamped seal must appear here } _____
SIGNATURE OF DEAN OR AUTHORIZED OFFICIAL **Date of Signature**

SCHOOL NAME:_____

SCHOOL ADDRESS:_____

9. Applicant will only be allowed to take the clinical examination if the following is COMPLETED BY THE DENTAL SCHOOL DEAN, OR HIS OR HER DESIGNEE. In the alternative, the applicant may provide evidence of having completed a separate board-approved course in this function.

I HEREBY DECLARE under penalty of perjury under the laws of the State of California that the applicant herein has completed a course of instruction of ____ hours in the **administration of local anesthetic agents**, infiltration and conductive, as part of the instruction required by Title 16, CCR Section 1024.1(c)(6)(J) and has demonstrated clinical competence in this function.

_____
DEAN OR AUTHORIZED OFFICIAL SIGNATURE **Print Name of Signer** **Date of Signature**

10. The following must be COMPLETED BY THE DENTAL SCHOOL DEAN, OR HIS OR HER DESIGNEE if the applicant wishes to perform the following functions upon licensure. In the alternative, the applicant may provide evidence of having completed separate board-approved courses in these functions.

a. I HEREBY DECLARE under penalty of perjury under the laws of the State of California that the applicant herein has completed a course of instruction of ____ hours in **soft tissue curettage** as part of the instruction required by Title 16, CCR Section 1024.1(c)(6)(J) and has demonstrated clinical competence in this function.

_____
DEAN OR AUTHORIZED OFFICIAL SIGNATURE **Print Name of Signer** **Date of Signature**

b. I HEREBY DECLARE under penalty of perjury under the laws of the State of California that the applicant herein has completed a course of instruction of ____ hours in the **administration of nitrous oxide and oxygen** as part of the instruction required by Title 16, CCR Section 1024.1(c)(6)(D) and has demonstrated clinical competence in this function.

_____
DEAN OR AUTHORIZED OFFICIAL SIGNATURE **Print Name of Signer** **Date of Signature**

c. I HEREBY DECLARE under penalty of perjury under the laws of the State of California that the applicant herein has completed a course of instruction of ____ hours in **radiation safety** including theory and clinical application in radiographic technique as required by Business and Professions Code section 1656 and has demonstrated clinical competence in this function.

_____
DEAN OR AUTHORIZED OFFICIAL SIGNATURE **Print Name of Signer** **Date of Signature**

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS, AND PROVIDE ANY DETAILS REQUESTED, OR YOUR APPLICATION WILL BE REJECTED AND RETURNED.

11. Are you currently, or have you in the last two years, engaged in the illegal use of controlled dangerous substances? ☐ YES ☐ NO

(If the answer is "Yes", you MUST provide complete details on the last page.)

12. Have you ever been convicted of, pled guilty, or pled nolo contendere to any criminal, offense, other than a minor traffic violation in any state, the United States, or a foreign country? Applicants must report any convictions or pleas of nolo contendere even if a subsequent order was issued which expunged or dismissed the criminal record under the provisions of section 1203.4 of the Penal Code. Applications may be denied for knowingly falsifying an application pursuant to section 480(c) of the Business and Professions Code. ☐ YES ☐ NO

(If the answer is "Yes", on the last page you MUST provide the section of law violated, the nature/circumstances relating to the violation, the location and date of the violation, the penalty or disposition including a certified copy of the Judgment of conviction, and any evidence of rehabilitation.)

13. Have you ever applied for or been licensed to practice dental assisting, dental hygiene, dentistry, or any other health profession in any state or foreign country? ☐ YES ☐ NO

(If the answer is "Yes", you MUST complete all of the following. If you have held more than one license, copy this page and complete for each license.)

a. Type of Practice: _____ License Number:_____ State/Country:_____

b. Was your application ever denied? ☐ YES ☐ NO
(If "Yes", you MUST give complete details on next page.)

c. Was your license ever revoked or otherwise disciplined? ☐ YES ☐ NO
(If "Yes", you MUST give complete details on next page.)

d. Is the license presently valid? ☐ YES ☐ NO
(If "No", you MUST give complete details on next page.)

---

14. EXECUTION OF APPLICATION -- ALL APPLICANTS MUST READ, SIGN AND DATE

I am the applicant for examination for licensure as a Registered Dental Hygienist. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed in _____ on the _____of_____, 20_06_.
(city and state) day month year

_____
SIGNATURE OF APPLICANT

15. Space for additional answers to Application questions (list the number of the question being answered):

Notice on Collection of Personal Information

Collection and Use of Personal Information. The Committee on Dental Auxiliaries of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1742 and 1753, and California Code of Regulations Sections 1076 and 1077. The Committee uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The Committee cannot consider your application for licensure unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Committee that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following);
- To another government agency as allowed or required by state or federal law; or
- In response to a court or administrative order, subpoena, or search warrant.

*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a $100.00 penalty against you.

Contact Information. For questions about this notice or access to your records, you may contact the Committee on Dental Auxiliaries, 1428 Howe Avenue, Suite 58, Sacramento, CA 95825, 916-263-2595. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 400 R Street, Sacramento, CA 95814, (866) 785-9663 or email privacy@dca.ca.gov.